

39

**GW Gulf + Western  
Manufacturing Company**

Executive Offices  
26261 Evergreen Rd.  
Southfield, MI

39

Mailing Address  
P.O. Box 999  
Southfield, MI 48037

August 6, 1984

CERTIFIED/RETURN RECEIPT

Mrs. Barbara Cook, P.E.  
Air & Waste Permits Branch  
IOWA DEPARTMENT OF WATER, AIR  
AND WASTE MANAGEMENT  
Henry A. Wallace Building  
900 East Grand  
Des Moines, Iowa 50319

Re: EAGLE SIGNAL IAD051001337  
DAVENPORT  
HAZARDOUS WASTE CLOSURE PLAN  
COST ESTIMATE AND FINANCIAL REQUESTS

Dear Mrs. Cook:

Enclosed are the following materials relating to the above site:  
Certificate of Insurance executed by Aetna Casualty & Surety Company,  
with Attachment; Certificate of Insurance executed by First State  
Insurance Company, with Attachment; and letter from R. Klemens request-  
ing change in status for this facility from hazardous waste storage  
facility to small quantity generator.

Please call me if you have any questions regarding these documents.

Very truly yours,

*Michael J. Bauer*

MICHAEL J. BAUER  
Associate Counsel

#P416999558  
ENCLOSURES  
/cw

CC: Mr. R. Patil  
Mr. N. Andrianis

RCRA



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RECEIVED

DEPARTMENT OF  
WATER, AIR, & WASTE



## Certificate of Insurance



THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER.  
THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES LISTED BELOW.

## NAME AND ADDRESS OF AGENCY

Marsh & McLennan, Inc.  
1221 Avenue of the Americas  
New York, N.Y. 10020

## COMPANIES AFFORDING COVERAGES

COMPANY LETTER **A** First State Insurance Company

COMPANY LETTER **B**

COMPANY LETTER **C**

COMPANY LETTER **D**

COMPANY LETTER **E**

## NAME AND ADDRESS OF INSURED

Gulf + Western Industries, Inc.  
One Gulf + Western Plaza  
New York, N.Y. 10023

This is to certify that policies of insurance listed below have been issued to the insured named above and are in force at this time. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies.

COMPANY LETTER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EXPIRATION DATE	Limits of Liability in Thousands (000)		
					EACH OCCURRENCE	AGGREGATE
	<b>GENERAL LIABILITY</b>			BODILY INJURY	\$	\$
	<input type="checkbox"/> COMPREHENSIVE FORM			PROPERTY DAMAGE	\$	\$
	<input type="checkbox"/> PREMISES—OPERATIONS					
	<input type="checkbox"/> EXPLOSION AND COLLAPSE HAZARD					
	<input type="checkbox"/> UNDERGROUND HAZARD					
	<input type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS HAZARD					
	<input type="checkbox"/> CONTRACTUAL INSURANCE					
	<input type="checkbox"/> BROAD FORM PROPERTY DAMAGE					
	<input type="checkbox"/> INDEPENDENT CONTRACTORS					
	<input type="checkbox"/> PERSONAL INJURY					
	<b>AUTOMOBILE LIABILITY</b>			BODILY INJURY (EACH PERSON)	\$	
	<input type="checkbox"/> COMPREHENSIVE FORM			BODILY INJURY (EACH ACCIDENT)	\$	
	<input type="checkbox"/> OWNED			PROPERTY DAMAGE	\$	
	<input type="checkbox"/> HIRED			BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$	
	<input type="checkbox"/> NON-OWNED					
<b>A</b>	<b>EXCESS LIABILITY</b>	<b>Ex. 4</b>	<b>1/1/85</b>	BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$ 1,000	\$ 1,000
	<input checked="" type="checkbox"/> UMBRELLA FORM					
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					
	<b>WORKERS' COMPENSATION and EMPLOYERS' LIABILITY</b>			STATUTORY	\$	(EACH ACCIDENT)
	<b>OTHER</b>					

## DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES

Inclusive of insured's obligation as relates to financial responsibility under 40 CFR 264.147 or 265.147 for sudden accidental occurrences. Please see attachment to this certificate.

**Cancellation:** Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the below named certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the company.

## NAME AND ADDRESS OF CERTIFICATE HOLDER:

Iowa Department of Water, Air & Waste Management  
Henry A. Wallace Building  
900 East Grand  
Des Moines, Iowa 50319

DATE ISSUED: June 7, 1984

*Clair A. Spalletto*  
AUTHORIZED REPRESENTATIVE  
First State Insurance Company



ATTACHMENT TO CERTIFICATE OF INSURANCE

POLICY NO. [REDACTED] Ex. 4

FIRST STATE INSURANCE COMPANY

1. First State Insurance Company, hereinafter called the Insurer, of 60 Batterymarch Street, Boston, Massachusetts 02110, hereby certifies that it has issued to Gulf & Western Manufacturing Company, hereinafter called the Insured, of P. O. Box 999, 26261 Evergreen Road, Southfield, Michigan 48037, liability insurance covering bodily injury and property damage in connection with the Insured's obligation to demonstrate financial responsibility pursuant to 40 CFR 265.147(a) or 265.147. The coverage applies at (see attached list) for sudden accidental occurrences. The limits of liability of occurrence excess \$1,000,000.00 per / of \$1,000,000.00 annual aggregate, excess of \$1,000,000 per occurrence and \$5,000,000 annual aggregate, inclusive of legal defense costs. The coverage is provided under policy number [REDACTED] Ex. 4 issued on January 1, 1984. The effective date of said policy is January 1, 1984.

2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:

(a) Bankruptcy or insolvency of the Insured shall not relieve the Insurer of its obligations of the policy.

(b) The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of

(2)

reimbursement by the Insured for any such payment made by the Insurer. 40 CFR 264.147(f) or 265.147(f).

(c) Whenever requested by the Executive Director of the Iowa Department of Water, Air and Waste Management (IDWAWM), the Insurer agrees to furnish to the Executive Director a signed duplicate original of the policy and all endorsements.

(d) Cancellation of the insurance, whether by the Insurer or the Insured, will be effective only upon written notice by certified mail and only after the expiration of sixty (60) days after a copy of such written notice is received by the Executive Director of the IDWAWM.

(e) Any other termination of the insurance will be effective only upon written notice by certified mail and only after the expiration of thirty (30) days after a copy of such written notice is received by the Executive Director, as shown by the return receipt.

I hereby certify that the wording of this instrument is identical to the wording specified in 40 CFR 264.151(j) as in effect on the date first above written, and that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines Insurer, in the



(3)

Commonwealth of Iowa.

Clair G. Spadetto  
Signature

Asp. Secretary  
Name and Title of Authorized  
Representative of First State  
Insurance Company  
60 Batterymarch Street  
Boston, Massachusetts 02110



## Certificate of Insurance



THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER.  
THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES LISTED BELOW.

## NAME AND ADDRESS OF AGENCY

**Marsh & McLennan, Inc.**  
1221 Avenue of the Americas  
New York, New York 10020  
212/997-2000 Cable Marshclenn NY Telex:12474

## COMPANIES AFFORDING COVERAGES

COMPANY LETTER **A** **Aetna Casualty & Surety Company**

COMPANY LETTER **B**

## NAME AND ADDRESS OF INSURED

**Gulf & Western Industries, Incorporated**  
One Gulf + Western Plaza  
New York, New York 10023

COMPANY LETTER **C**

COMPANY LETTER **D**

COMPANY LETTER **E**

This is to certify that policies of insurance listed below have been issued to the insured named above and are in force at this time. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies.

COMPANY LETTER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EXPIRATION DATE	Limits of Liability in Thousands (000)		
					EACH OCCURRENCE	AGGREGATE
<b>A</b>	<b>GENERAL LIABILITY</b>	<b>Ex. 4</b>	<b>1/1/85</b>	BODILY INJURY	\$	\$
	<input checked="" type="checkbox"/> COMPREHENSIVE FORM			PROPERTY DAMAGE	\$	\$
	<input type="checkbox"/> PREMISES—OPERATIONS					
	<input type="checkbox"/> EXPLOSION AND COLLAPSE HAZARD					
	<input type="checkbox"/> UNDERGROUND HAZARD					
	<input type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS HAZARD					
	<input type="checkbox"/> CONTRACTUAL INSURANCE					
	<input type="checkbox"/> BROAD FORM PROPERTY DAMAGE					
	<input type="checkbox"/> INDEPENDENT CONTRACTORS					
	<input type="checkbox"/> PERSONAL INJURY					
	<b>AUTOMOBILE LIABILITY</b>			BODILY INJURY (EACH PERSON)	\$	
	<input type="checkbox"/> COMPREHENSIVE FORM			BODILY INJURY (EACH ACCIDENT)	\$	
	<input type="checkbox"/> OWNED			PROPERTY DAMAGE	\$	
	<input type="checkbox"/> HIRED			BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$	
	<input type="checkbox"/> NON-OWNED					
	<b>EXCESS LIABILITY</b>			BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$	\$
	<input type="checkbox"/> UMBRELLA FORM					
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					
	<b>WORKERS' COMPENSATION and EMPLOYERS' LIABILITY</b>			STATUTORY	\$	(EACH ACCIDENT)
	<b>OTHER</b>					

## DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES

**Inclusive of insured's obligation as relates to financial responsibility under 40 CFR 264.147 or 265.147 for sudden accidental occurrences. Please see attachment to this Certificate.**

**Cancellation:** Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the below named certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the company.

## NAME AND ADDRESS OF CERTIFICATE HOLDER:

**Iowa Department of Water, Air & Waste Management**  
**Henry A. Wallace Building**  
**900 East Grand**  
**Des Moines, Iowa 50319**

DATE ISSUED: **June 6, 1984**

*AS Austin*  
AUTHORIZED REPRESENTATIVE  
**Aetna Casualty & Surety Company**



ATTACHMENT TO CERTIFICATE OF INSURANCE

Policy No. [REDACTED] Ex. 4

AETNA CASUALTY & SURETY COMPANY

1. Aetna Casualty & Surety Company, hereinafter called the Insurer, of 151 Farmington Avenue, Hartford, Connecticut 06156, hereby certifies that it has issued to Gulf & Western Manufacturing Company, hereinafter called the Insured, of P. O. Box 999, 26261 Evergreen Road, Southfield, Michigan 48037, liability insurance covering bodily injury and property damage in connection with the Insured's obligation to demonstrate financial responsibility pursuant to 40 CFR 265.147(a) or 265.147. The coverage applies at (see attached list) for sudden accidental occurrences. The limits of liability of \$1,000,000.00 per occurrence and \$5,000,000.00 annual aggregate, exclusive of legal defense costs. The coverage is provided under policy number [REDACTED] issued on January 1, 1984. The effective date of said policy is January 1, 1984. Ex. 4

2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:

(a) Bankruptcy or insolvency of the Insured shall not relieve the Insurer of its obligations of the policy.

(b) The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of

(2)

reimbursement by the Insured for any such payment made by the Insurer. 40 CFR 264.147(f) or 265.147(f).

(c) Whenever requested by the Executive Director of the Iowa Department of Water, Air and Waste Management (IDWAWM), the Insurer agrees to furnish to the Executive Director a signed duplicate original of the policy and all endorsements.

(d) Cancellation of the insurance, whether by the Insurer or the Insured, will be effective only upon written notice by certified mail and only after the expiration of sixty (60) days after a copy of such written notice is received by the Executive Director of the IDWAWM.

(e) Any other termination of the insurance will be effective only upon written notice by certified mail and only after the expiration of thirty (30) days after a copy of such written notice is received by the Executive Director, as shown by the return receipt.

I hereby certify that the wording of this instrument is identical to the wording specified in 40 CFR 264.151(j) as in effect on the date first above written, and that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines Insurer, in the



(3)

Commonwealth of Iowa.

R. S. Austin  
Signature

Account Supervisor  
Name and Title of Authorized  
Representative of Aetna Casualty  
& Surety Company  
151 Farmington Avenue  
Hartford, Connecticut 06156